





I understand and accept:

- I hereby authorize and consent to release the information provided on this Data Form and other application materials to CDTN for the purpose of running background checks. I understand results will be made available to my prospective employer and TennCare<sup>SM</sup>, as necessary. I cannot be hired until I pass my background check.
- CDTN can contact me using the contact information on my Data Form.
- I will receive an Okay to Work letter from CDTN if I am eligible to provide care under this program. I cannot begin working until I receive my Okay to Work date. **CDTN is not my employer.**

I attest that the information listed above is accurate. If this information changes, I will notify CDTN.

\_\_\_\_\_  
*Worker Signature*

\_\_\_\_\_  
*Date*

